

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1271

STATE FILE NUMBER  
63-039034

FILED NOV 6 1963

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Joseph,

Length of stay in 1b  
Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2809 Edmond Street

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

c. CITY  
OR  
TOWN St. Joseph,

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS  
2809 Edmond Street

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First  
FRANCES

Middle  
L.

Last  
RICE

## 4. DATE OF DEATH

Month Day Year  
October 27, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
Mar. 5, 1898

9. AGE (last birthday)  
65

IF UNDER 1 YEAR  
Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Frank A. Stouffer

## 13b. MOTHER'S MAIDEN NAME

Louise Morgan Taylor

## 14. NAME OF HUSBAND OR WIFE

Ferdinand P. Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Daughter

Address

Mrs. Francis Schott-St. Joseph, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Carcinoma of the gallbladder.

INTERVAL BETWEEN  
ONSET AND DEATH  
18 months.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

### DUE TO (b)

### DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 28, 1962 to October 27, 1963 and last saw her alive on October 13, 1963  
Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John R. McDaniel, M.D.

## 22b. ADDRESS

902 Edmond Street, St. Joseph, Mo.

22c. DATE SIGNED  
10/31/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

Oct. 30, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov. 5, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J.R.McDaniel, M.D.

NOV 6 1963

2112  
2112

1 8 0 3

Permit issued 10-28-63

0-20

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eric J. Chalmers*

Licensed Embalmer No. 4679

P. O. Address 57 Joseph Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.